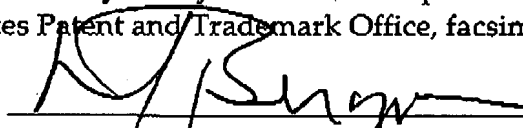


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**CLIENT NO.:** -T1000 -0001 -P001 (-A2000 -0001 -P001)**MESSAGE TO:** Box Amendment 10/821,987**COMPANY:** United States Patent and Trademark Office**FAX NUMBER:** 571-273-8300**PHONE:** \_\_\_\_\_**FROM:** Michael Bergman**COMPANY:** Bergman & Song LLP**PHONE:** (617) 868- 8871**FAX NUMBER:** (617) 868- 8881**PAGES (Including Cover Sheet):** 15 **HARD COPY TO FOLLOW:** YES ☒ **NO****SENT BY:****DATE/TIME:****MESSAGE:**

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PTO/SB/21 (09-08)

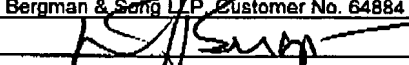
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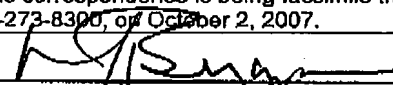
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|---|----|------------------------|--|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |    | Application Number     | 10/821,987   |
|   |    | Filing Date            | April 12, 2004   |
|   |    | First Named Inventor   | Bu Qin RUAN  |
|   |    | Art Unit               | 3654   |
|   |    | Examiner Name          | Evan H. LANGDON  |
| Total Number of Pages In This Submission  | 15 | Attorney Docket Number | <br>~T1000-0001-P001 |

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| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3> |             | <b>Complete if Known</b><br>Application Number: 10/821,987<br>Filing Date: April 12, 2004<br>First Named Inventor: Bu Qin RUAN<br>Examiner Name: Evan H. LANGDON<br>Art Unit: 3654 |  |
| <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27   |             | <b>RECEIVED</b><br><b>CENTRAL FAX CENTER</b><br><b>OCT 02 2007</b>   |  |
| TOTAL AMOUNT OF PAYMENT  | (\$) \$1020 | Attorney:<br>Docket No.  | <br>-T1000-0001-P001 |


  

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| <b>METHOD OF PAYMENT (check all that apply)</b><br><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____  |  |
| <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <u>50-3950</u> Deposit Account Name: <u>Bergman &amp; Song LLP</u><br>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charges fee(s) indicated below, except for the filing fee<br><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments |  |
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|  |              |  |                                |               |                  |                           |                          |
|--|--------------|--|--------------------------------|---------------|------------------|---------------------------|--------------------------|
| <b>FEE CALCULATION</b>   |              |  |                                |               |                  |                           |                          |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>   |              |  |                                |               |                  |                           |                          |
|  | FILING FEES  |  | SEARCH FEES                    |               | EXAMINATION FEES |                           |                          |
|  | Small Entity |  | Small Entity                   |               | Small Entity     |                           |                          |
| Application Type   | Fee (\$)     | Fee (\$)   | Fee (\$)                       | Fee (\$)      | Fee (\$)         | Fee (\$)                  | Fees Paid (\$)           |
| Utility  |              | 150  |                                | 250           |                  | 100                       |                          |
| Design   |              |  |                                |               |                  |                           |                          |
| Plant  |              |  |                                |               |                  |                           |                          |
| Reissue  |              |  |                                |               |                  |                           |                          |
| Provisional  |              |  |                                |               |                  |                           |                          |
| <b>2. EXCESS CLAIM FEES</b>  |              |  |                                |               |                  |                           |                          |
| Fee Description  |              |  |                                |               |                  |                           | Small Entity<br>Fee (\$) |
| Each claim over 20 (including Reissues)  |              |  |                                |               |                  |                           | 50                       |
| Each independent claim over 3 (including Reissues)   |              |  |                                |               |                  |                           | 200                      |
| Multiple dependent claims  |              |  |                                |               |                  |                           | 360                      |
| Total Claims   | Extra Claims | Fee (\$)   |                                | Fee Paid (\$) |                  | Multiple Dependent Claims |                          |
|  | - 20 or HP = | x  | =                              |               | Fee (\$)         | Fee Paid (\$)             |                          |
| HP = highest number of total claims paid for, if greater than 20.  |              |  |                                |               |                  |                           |                          |
| Indep. Claims  | Extra Claims | Fee (\$)   |                                | Fee Paid (\$) |                  |                           |                          |
|  | - 3 or HP =  |  |                                |               |                  |                           |                          |
| HP = highest number of independent claims paid for, if greater than 3.   |              |  |                                |               |                  |                           |                          |
| <b>3. APPLICATION SIZE FEE</b>   |              |  |                                |               |                  |                           |                          |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$ 250 (\$ 125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). |              |  |                                |               |                  |                           |                          |
| Total Sheets   | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)                       |               | Fee Paid (\$)    |                           |                          |
|  | - 100 =      | / 50 =   | (round up to a whole number) x | =             |                  | Fees Paid (\$)            |                          |
| <b>4. OTHER FEE(S)</b>   |              |  |                                |               |                  |                           |                          |
| Non-English Specification, \$130 fee (no small entity discount)  |              |  |                                |               |                  |                           |                          |
| Other (e.g., late filing surcharge): <u>three (3) month extension of time</u>  |              |  |                                |               |                  |                           | \$1020                   |

|                     |   |   |                         |
|---------------------|---|---|-------------------------|
| <b>SUBMITTED BY</b> |   |   |                         |
| Signature           |  | Registration No. 42,318<br>(Attorney/Agent) | Telephone 617-868-8870  |
| Name (Print/Type)   | Michael Bergman   | Customer No.: 64884                         | Date <u>OCT 02 2007</u> |

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